



LifeStyle International Christian University **Letter of Recommendation**

TO THE APPLICANT:

Applicant's Surname:	First Name:
Address:	City:
Region/district:	Post Code:
Country:	Telephone:
Date of Birth (DD/MM/YYYY):	Place of Birth:
I understand that this confidential statement is being submitted to the administration office, with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.	
Date:	Applicant's Signature:

TO YOU THE REFEREE:

Name:	First Name:
Address:	City:



Region/district:	Post Code:
Country:	Telephone:
Occupation:	Email:

Serious consideration will be given to your comments. We are well aware of the fact that this is your personal opinion of the person's character and not a professional statement. Please answer the questions as sincerely and as thoroughly as possible. Negative information will not necessarily disqualify the applicant. The applicant cannot be accepted until we have received ALL recommendations. Therefore we ask you to return this recommendation as soon as possible, in a sealed envelope, to the applicant. All of your comments will be held in the strictest confidence.

1. How long have you known the above person? Years:					
2. Has your relationship been: <input type="checkbox"/> Very close <input type="checkbox"/> Close <input type="checkbox"/> Intermittent <input type="checkbox"/> Distant <input type="checkbox"/> Casual <input type="checkbox"/> Other					
3. What has been the nature of your acquaintance? Were you...					
CHURCH:	<input type="checkbox"/> Very close	<input type="checkbox"/> Close	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Distant	
	<input type="checkbox"/> Casual	<input type="checkbox"/> Other			
BUSINESS:	<input type="checkbox"/> Employer	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Co-worker	<input type="checkbox"/> Subordinate	
SCHOOL:	<input type="checkbox"/> Principal	<input type="checkbox"/> Teacher	<input type="checkbox"/> Fellow Student		
SOCIAL:	<input type="checkbox"/> Personal	<input type="checkbox"/> Neighbour	<input type="checkbox"/> Friend	<input type="checkbox"/> Friend of the family	<input type="checkbox"/> Other
4. How does he/she get along with other people? <input type="checkbox"/> Well liked <input type="checkbox"/> Gets along as well as most others <input type="checkbox"/> Sometimes has difficulty getting along with others <input type="checkbox"/> Not well liked <input type="checkbox"/> Have no basis for judgement					
5. The applicant's spiritual influence on others is: <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative					
6. Please evaluate his/her personal character:					
	Excellent	Good	Fair	Poor	Unknown
Honesty					
Financial Responsibility					

Dependability					
Cooperativeness					
Academic Ability					
Ability to work with others					
Ability to lead others					
Personal cleanliness					
Consideration for others					
Moral Character					
Acceptance of instruction and/or discipline					
<p>7. How industrious is he/she as a student or worker?</p> <p><input type="checkbox"/> Usually conscientious, hard worker <input type="checkbox"/> Works harder than most students/workers</p> <p><input type="checkbox"/> Works less than most others <input type="checkbox"/> Very lazy <input type="checkbox"/> Does about as much as other people</p> <p><input type="checkbox"/> Have no basis for judgement</p> <p>Comments:</p>					
<p>8. How emotionally stable do you think he/she is?</p> <p><input type="checkbox"/> Seems quite stable <input type="checkbox"/> Seems to have minor difficulties</p> <p><input type="checkbox"/> Seems to have serious emotional difficulties <input type="checkbox"/> Have no basis for judgement</p>					
<p>9. What is your estimation of his/her leadership ability?</p> <p><input type="checkbox"/> A forceful and capable leader <input type="checkbox"/> Has average ability to guide and direct</p> <p><input type="checkbox"/> Is a better follower than leader <input type="checkbox"/> Have no basis for judgement</p>					
<p>10. Is the applicant prompt in paying his/her bills? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>					
<p>11. In the space provided or on a separate sheet if required, write a description of the applicant's morals and lifestyle. Include in this a description of the company the applicant keeps; their home life; any negative habits and their physical and emotional well being.</p>					
<p>12. So you recommend the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>					

Signature _____

Today's Date _____

Note: Please return this recommendation to the applicant, *in a sealed envelope*. Check that all the sections of this form have been completed. Thank you.



Mailing Details:

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